

VERIFICATION OF RETIREMENT / PENSION

To: (Name & address) _____ Date _____

Phone # _____
Fax # _____
Applicant/Participant Name: _____ Social Security #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:

TO BE COMPLETED BY COMPANY OFFICIAL:

Type of Pension/Retirement Benefit: _____

Gross Monthly Rate of Retirement/Pension Benefit: \$ _____

Effective Date of this Benefit Rate: _____

Expected Duration of Pension/Retirement Benefit: _____

Date of any Anticipated Change in Benefit: _____ Amount: \$ _____

Comments: _____

_____ Signature of Authorized Retirement / Pension Representative	_____ Name / Title (please print)
_____ Company Name	_____ Name of Pension fund
_____ Address	_____ Telephone Number
_____ City, State, Zip	_____ Date